

## FORM 2

NOTIFICATION OF  
DANGEROUS WASTE  
ACTIVITIES

(send to) Attn: DW Notifications  
Washington State Department of Ecology  
M/S PV-11 Olympia, WA. 98504-8711  
(206) 459-6314/6305/6306

DATE IN TO DEPARTMENT

RECEIVED  
MAR 03 REC'D

TECHNICAL OPERATIONS SECTION

Init.: \_\_\_\_\_ Date: \_\_\_\_\_ Region: \_\_\_\_\_

EPA: \_\_\_\_\_ Date: \_\_\_\_\_ Copy: \_\_\_\_\_

Input: \_\_\_\_\_ Update: \_\_\_\_\_ Ack: \_\_\_\_\_

DEPARTMENT USE ONLY

## I. EPA/STATE Hazardous Waste I.D.#

W A D 9 8 0 8 3 6 9 5 1

## II. Waste Designated By:

\_\_\_\_\_ RCRA/State \_\_\_\_\_ SQ  
\_\_\_\_\_ State Only  
\_\_\_\_\_ Non-Regulated/Non-Handler/Protective Filing

## III. Exemption Status:

\_\_\_\_\_ RCRA Exempt Recycler  
\_\_\_\_\_ State Exempt Recycler  
\_\_\_\_\_ Below QEL  
\_\_\_\_\_ Other \_\_\_\_\_

## IV. Handling

\_\_\_\_\_ Emergency  
\_\_\_\_\_ Remedial Action  
\_\_\_\_\_ One-Time-Only  
\_\_\_\_\_ Other \_\_\_\_\_

DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION☐ B. REVISED NOTIFICATION  
(enter current I.D.# in upper left)☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)☒ D. REACTIVATE OUR NOTIFICATION (complete all sections)

revisions effective: \_\_\_\_\_ MO. / \_\_\_\_\_ DAY / \_\_\_\_\_ YR.

☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)2.A. WASHINGTON STATE DEPARTMENT OF  
REVENUE REGISTRATION (TAX) NUMBER

## 2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

9 1 6 - 0 0 1 - 0 2 5

9 1 9 9

## 3. NAME OF COMPANY

P O R T O F S E A T T L E  
T E R M I N A L 1 0 5

## 4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE &amp; BOX NO.

P O B O X 1 2 0 9

CITY OR TOWN

S E A T T L E

STATE

ZIP CODE

W A

9 8 1 1 1 -

## 5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

4 2 6 0 W M A R G I N A L W Y K I N G

CITY OR TOWN

S E A T T L E

STATE

ZIP CODE

W A

9 8 1 3 4 -

## 7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read &amp; Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHER \_\_\_\_\_D. ☐ UNDERGROUND  
INJECTIONC. ☐ WASTE MANAGEMENT  
FACILITY (TSD)  
(refer to definitions  
in instructions)(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT  
OFF-SITE WASTES

## 8. CONTACT PERSON

NAME (last),

(first)

F A R R A N N

TITLE

PHONE NO. (area code &amp; number)

E N V I R O N M E N T A L P L A N ' R

2 0 6 - 7 2 8 - 3 1 9 1

## 9A. OWNERSHIP (Legal Owner(s) of this Company)

P O R T O F S E A T T L E

## 9B. OWNERSHIP (Legal Owner(s) of site (Property))

P O R T O F S E A T T L E

## 10. TYPE OF OWNERSHIP

(enter letter code in box)

O

# 11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1	Water contaminated with solvents and/or oil	D001	2000	P
2	Flammable solvents	D001	1000	P
3	Paint wastes N.O.S.	P001	2000	P
4				
5				
6				
7				
8				
9				
10				

## 12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. <input type="checkbox"/> Batch Frequency <u>N/A</u>	QUANTITY	WEIGHT	B. <input type="checkbox"/> PER MONTH	QUANTITY	WEIGHT

## 13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

## 14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- |   |  |
|---|--|
| A. <input type="checkbox"/> NOTIFICATION FORM   | B. <input type="checkbox"/> PART A PERMIT FORM FOR TSD FACILITIES                |
| C. <input type="checkbox"/> BIOLOGICAL TEST PROCED.   | D. <input type="checkbox"/> GENERATOR ANNUAL REPORT FORM                         |
| E. <input type="checkbox"/> CHEMICAL TEST PROCED.   | F. <input type="checkbox"/> TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT |
| G. <input type="checkbox"/> DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)    |  |
| H. <input type="checkbox"/> DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305) |  |
| I. <input type="checkbox"/> OTHER (specify) _____   |  |

## 15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <u>Ann K. Farr</u>	OFFICIAL TITLE (Print) <u>Environmental Planner II</u>	DATE SIGNED: <u>Feb 14, 1986</u>
PRINTED NAME: <u>Ann K. Farr</u>		